

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Bill Lynn

IMPORTANT: Indicate type of committee you are reporting for: ☐ 4(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Bill Lynn

Office Sought

city council

ETHICS & CAMPAIGN
DISCLOSURE BOARD

DEC 18 2003

FILED

Political Party

non-partisan

District (if Senate or House)

5

FORM**DR-2**

(Rev. 07/2003)

DISCLOSURE
REPORT**For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

563-386-5463

DATE SIGNED

12/12/2003

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A December 12, 2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)Indicate one ☐ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)Local Committees, enter Date of Election
November 4, 2003County & Local Committees, enter County in
which Election is held
Scott**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

422.48

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

0

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 422.48

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....

422.48

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

0

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

139.80

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0

CANDIDATE COMMITTEES ONLY:**CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Lynn

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/2/2003	ID# CK# 1013	VOID		\$
12/2/2003	ID# CK# 1014	Richard Moroney 810 W. 57th Street Davenport, IA 52806	partial reimbursement for 9/25 unpaid bill for copying	400.00
12/12/2003	ID# CK# 1015	Richard Moroney 810 W. 57th Street Davenport, IA 52806	partial reimbursement for 9/25 unpaid bill for copying	22.48
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 422.48

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Lynn

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/12/2003	Richard Moroney 810 West 57th Street Davenport, IA 52806	none	partial forgiveness of reimb. due on 9/25 unpaid bill	\$ 139.80	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 139.80	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)